

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2200.00)

Complete if Known

Application Number 10/538,942-Conf. #5937

Filing Date June 13, 2005

First Named Inventor Mariko TAKAHASHI

Examiner Name A. Abdi

Art Unit 2624

Attorney Docket No. 1163-0529PUS1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
26	- 20 = 6	50.00	= 300.00
HP = highest number of total claims paid for, if greater than 20.			

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 3 = 3	210.00	= 630.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)		Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge) 1801 Request for continued examination (RCE) (see 37 ...		810.00
1282 Extension for response within second month		460.00

SUBMITTED BY	
Signature	
Name (Print/Type)	Michael K. Mutter